

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-004785

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 325

Primary Registration District No. 6099

Registrar's No. 101

STATE FILE NUMBER

FILED FEB 8 1963

1. PLACE OF DEATH

a. COUNTY

Schuyler

b. CITY (If outside corporate limits, give TOWNSHIP only)

West Prairie

Length of stay in 1b

6 months

c. FULL NAME OF (If NOT in hospital, give location)

7 mi. west of Quincy City

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

Putnam

c. CITY OR TOWN

Warthington

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

WILLIAM WALTER COLLIS

4. DATE OF DEATH

Feb 5 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married

☐ Never Married ☒ Widowed ☐ Divorced

8. DATE OF BIRTH

Apr 3-1881

9. AGE (last birthday)

81

10. IF UNDER 1 YEAR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

retired farmer

10b. KIND OF BUSINESS OR INDUSTRY

Putnam County

11. BIRTHPLACE (City and state or country)

Putnam County Mo

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

James T. Collis

13b. MOTHER'S MAIDEN NAME

Elaine Fowler

14. NAME OF HUSBAND OR WIFE

Anna Collis

15. WAS DECEASED EVER IN U.S. ARMED FORCES

(Yes, no, or unknown) (If yes, give war or dates)

No

16. SOCIAL SECURITY NO.

-

17. INFORMANT

Raymond Collis

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Suicide

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Self inflicted

DUE TO (c)

410 Shotgun

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☐

20a. ACCIDENT

☐

SUICIDE

☒

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK

☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Warthington Mo

20f. CITY, TOWN, OR LOCATION

Warthington Mo

COUNTY

Putnam

STATE

Mo

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____

Death occurred at 4:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Flarence Shepherd

22b. ADDRESS

Coroner

22c. DATE SIGNED

Feb 6-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Feb 7, 1963

23c. NAME OF CEMETERY OR CREMATORY

Pleasant Home

23d. LOCATION (City, town, or county)

Warthington Mo

24. FUNERAL DIRECTOR

Dealey Funeral Home Quincy

ADDRESS

Quincy Mo

25. DATE RECD. BY LOCAL REG.

Feb. 6, 1963

26. REGISTRAR'S SIGNATURE

Flarence Shepherd

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59
10980
3860
3
4 0
5 2
6
7 0
8 0
976X
10
11 90
12 98-3
13 1-0

29818 8-10-63

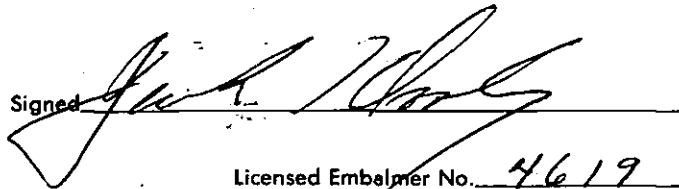
Permit obtained 7-6-63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed



Licensed Embalmer No. 4619

P. O. Address Queen City Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.